

Foreign Ownership, Control or Influence (FOCI)

Representations & Certifications

Solicitation No.

This FOCI Submittal is for:

Offeror

TAXPAYER IDENTIFICATION

(a) Definitions

"Common parent," as used herein, means that corporate entity that owns or controls an affiliated group of corporations that files its Federal income tax returns on a consolidated basis and of which the Offeror is a member.

"Corporate status," as used herein, means a designation as to whether the Offeror is a corporate entity, an unincorporated entity (e.g., sole proprietorship, or partnership), or a corporation providing medical and health care services.

"Taxpayer Identification Number (TIN)," as used herein, means the number required by the IRS to be used by the Offeror/Subcontractor in reporting income tax and other returns.

(b) Requirement

All Offerors are required to submit the information required in paragraphs (c) through (e) of this form in order to comply with reporting requirements of 26 U.S.C. 6041, 6041A, and 6050M and implementing regulations issued by the Internal Revenue Service (IRS), at Title 26 of the Code of Federal Regulations (CFR).

If a resulting subcontract is subject to the reporting requirements described in FAR 4.903, at Title 48 of the CFR, the failure or refusal by the Offeror/Subcontractor to submit the information may result in a 20 percent reduction of payments otherwise due under the Subcontract.

(c) Taxpayer Identification Number (TIN)

☐ TIN

☐ TIN has been applied for.

☐ TIN is not required because

☐ Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the U.S. and does not have an office or place of business or a fiscal paying agent in the U.S.

☐ Offeror is an agency or instrumentality of a foreign government.

☐ Offeror is an agency or instrumentality of a Federal, state, or local government.

☐ Other (state basis)

(d) *Corporate Status*

- ☐ Corporation providing medical and health care services, or engaged in the billing and collecting of payments for such services.
- ☐ Other corporate entity
- ☐ Not a corporate entity
- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Hospital or extended care facility described in 26 CFR 501(c)(3) that is exempt from taxation under 26 CFR 501(a).

(e) *Common Parent*

- ☐ Offeror is not owned or controlled by a common parent as defined in paragraph (a) of this clause.
- ☐ Name and TIN of common parent: Name

TIN

CERTIFICATE PERTAINING TO FOREIGN INTERESTS *(Type or print all answers)*

Form Approved
OMB No. 0704-0194
Expires Dec 31, 2000

The public reporting burden for this collection of information is estimated to average 70 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Service, Directorate for Information Operation and Reports (0704-0194), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO YOUR RESPECTIVE COGNIZANT SECURITY OFFICE.

PENALTY NOTICE

Failure to answer all questions or any misrepresentation (by omission or concealment, or by misleading, false or partial answers) may serve as a basis for denial of clearance for access to classified information. In addition, Title 18, United States Code 1001, makes it a criminal offense, punishable by a maximum of five (5) years imprisonment, \$15,000 fine or both, knowingly to

make a false statement or representation to any Department or Agency of the United States, as to any matter within the jurisdiction of any Department or Agency of the United States. This includes any statement made herein which is knowingly incorrect, incomplete or misleading in any important particular.

PROVISIONS

1. This report is authorized by the Secretary of Defense, as Executive Agent for the National Industrial Security Program, pursuant to Executive Order 12829. While you are not required to respond, your eligibility for a facility clearance cannot be determined if you do not complete this form. The retention of a facility security clearance is contingent upon your compliance with the requirements of DoD 5220.22-M for submission of a revised form as appropriate.

2. When this report is submitted in confidence and is so marked, applicable exemptions to the Freedom of Information Act will be invoked to withhold it from public disclosure.

3. Complete all questions on this form. Mark "Yes" or "No" for each question. If your answer is "Yes" furnish in full the complete information under "Remarks."

QUESTIONS AND ANSWERS

	YES	NO
1. (Answer 1a. or 1b.)		
a. (For entities which issue stock): Do any foreign person(s), directly or indirectly, own or have beneficial ownership of 5 percent or more of the outstanding shares of any class of your organization's equity securities?	<input type="checkbox"/>	<input type="checkbox"/>
b. (For entities which do not issue stock): Has any foreign person directly or indirectly subscribed 5 percent or more of your organization's total capital commitment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization directly, or indirectly through your subsidiaries and/or affiliates, own 10 percent or more of any foreign interest?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any non-U.S. citizens serve as members of your organization's board of directors (or similar governing body), officers, executive personnel, general partners, regents, trustees or senior management officials?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does any foreign person(s) have the power, direct or indirect, to control the election, appointment, or tenure of members of your organization's board of directors (or similar governing body) or other management positions of your organization, or have the power to control or cause the direction of other decisions or activities of your organization?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your organization have any contracts, agreements, understandings, or arrangements with a foreign person(s)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your organization, whether as borrower, surety, guarantor or otherwise have any indebtedness, liabilities or obligations to a foreign person(s)?	<input type="checkbox"/>	<input type="checkbox"/>
7. During your last fiscal year, did your organization derive:		
a. 5 percent or more of its total revenues or net income from any single foreign person?	<input type="checkbox"/>	<input type="checkbox"/>
b. In the aggregate 30 percent or more of its revenues or net income from foreign persons?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is 10 percent or more of any class of your organization's voting securities held in "nominee" shares, in "street names" or in some other method which does not identify the beneficial owner?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do any of the members of your organization's board of directors (or similar governing body), officers, executive personnel, general partners, regents, trustees or senior management officials hold any positions with, or serve as consultants for, any foreign person(s)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there any other factor(s) that indicates or demonstrates a capability on the part of foreign persons to control or influence the operations or management of your organization?		

REMARKS *(Attach additional sheets, if necessary, for a full detailed statement.)*

CERTIFICATION

I CERTIFY that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

WITNESSES:

(Date Certified)

By:

(Contractor)

NOTE: In case of a corporation, a witness is not required but the certificate below must be completed. Type or print names under all signatures.

(Title)

(Address)

NOTE: Contractor, if a corporation, should cause the following certificate to be executed under its corporate seal, provided that the same officer shall not execute both the Agreement and the Certificate.

CERTIFICATE

I, _____ certify that I am the

of the corporation named as Contractor herein; that

who signed this certificate on behalf of the Contractor, was then

of said corporation; that said certificate was duly signed for and in behalf of said corporation by authority of its governing body, and is within the scope of its corporate powers.

(Corporate Seal)

(Signature and Date)

STANDARD FORM 328 (4/1997) (EG)